

NAVAL HOSPITAL CAMP LEJEUNE *"We Build Strength Through Caring"*

SCUTTLEBUTT

VOLUME 2 ISSUE 8

AUGUST 2012

Naval Hospital Camp Lejeune's Deployment Wellness Clinic offers a Spiritual Wellness Group that focuses on whole body support - mind, body, and spirit - for Marines and Sailors combating Post Traumatic Stress Disorder (PTSD).

Story on page 4

U.S. Marine Corps photo by Lance Cpl. Mike Atchue

INSIDE: Construction Update - Ombudsman - Exercise is Medicine

Finding Success Through Values



Master Chief Ed Moreno
Command Master Chief

I am excited to be your new Command Master Chief. As most of you may already know, I'm a career carrier Sailor, and I don't have a medical background. Nevertheless, during my short time at this command I already have a sense that Sailors in a hospital command aren't that different from Sailors aboard an aircraft carrier. Likewise, I don't think you'll find me that different from other CMCs you've

worked with. With this in mind, I thought it might be useful for you to know the personal values I think are important. They include: relationships, trust, responsibility, self awareness, and personal growth.

Growing up I truly valued relationships with my family, friends and people I felt a personal connection with. In my opinion, the three bedrock principles behind every successful relationship are trust, confidence and respect. I've found the absence of these principles has been the primary culprit in tearing apart personal or professional relationships. Managing relationships takes time and effort, but the payoff is enormous. We can accomplish so much more when we have the courage to "walk the talk," and use these principles to build our relationships.

We all need to take 100 percent responsibility for our actions all the time. This applies to our jobs, duties, and personal and professional relationships. No more excuses or pointing fingers at the other guy. We build solid trust when we take 100 percent responsibility for our actions, 100 percent of the time.

When we put our trust in a person it promotes confidence in them, and this in turn results in building greater respect. When we break the trust cycle, it strains our relationships and can even destroy them.

Whether you are in the chain of command or in a personal relationship, if we communicate and have the right balance and focus, we inevitably see a change for the better. We see and identify why things are not working well - personally or for the organization we serve. We get better at preventing and solving problems.

Self awareness and assessment are important, too. We really need to get to know what makes us tick. Where can we do better? What motivates us? What doesn't? We all need to build on our strengths and grow individually. It enhances attitudes and improves command climate. Realizing who we are helps us better understand those around us. Self awareness and

assessment are vital personal skill sets – not just for us, but for improving processes around us.

And finally, embrace personal growth. Read often, and outside your specialty. Setting expectations, sustaining excellence, experiencing personal successes as well as team successes are possible if we are committed. Confidence grows with knowledge, experience and a track record of success.

Trust, confidence, and respect are essential to any relationship. We need to be conscious of this when dealing with others and holding ourselves to the same charge.

After 27 years of service to our country, it is my opinion that no one is better at building relationships than the women and men of the United States Navy and our civilian partners.

Your commitment is unrelenting. You serve and sacrifice so others can be safe and enjoy what freedom breeds.

Your personal and professional example is extraordinary.

It is my distinct honor and privilege to serve you as your Command Master Chief!



Join the Conversation!

NHCL's Facebook Fan Page

is open to everyone!

www.facebook.com/nhclejeune

scut-tle-butt

n.

1. *Slang for spoken communication; through the grapevine*

2. *Nautical*

a. A drinking fountain on a ship; gathering place

b. A forum for NHCL staff and beneficiaries to get 'insider info'

Commanding Officer, NHCL

Capt. David A. Lane

Editor-In-Chief

Raymond Applewhite

Managing & Layout Editor

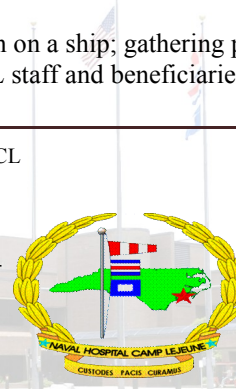
Anna Hancock

Graphic Designer

Kelly Pursel

Contributing Writers

**Lt. Cmdr. Timothy Drill
Hospitalman Dillon Winstead**



Scuttlebutt is an authorized publication for Marines, Sailors, retirees and family members. Its contents do not necessarily reflect the official views of the U.S. government, the DoD, or the Naval Hospital Camp Lejeune Public Affairs Office. *Scuttlebutt* follows the Associated Press Stylebook and CHINFO guidelines for Navy news writing. The editorial content of this publication is the responsibility of the Public Affairs Office, Naval Hospital Camp Lejeune, N.C., 28547-2538. Questions or comments can be directed to the Editor-In-Chief, phone 450-4463, or the Managing Editor, phone 450-3501. Content may be submitted via email to nhclpao@med.navy.mil. All story contributions must be in a Word document format and photo contributions no less than 300dpi.

NHCL Recognizes Staff Achievements

Length of Service Awards

Ms. Rose Dexter - 30 years and Ms. Francis Marshall - 40 years

Letter of Commendation

HM3 Jessica O'Neill

Military Outstanding Volunteer Service Medal

HM2 Stephan Mitchell and HM1 Thomas Peterson

Navy Marine Corps Achievement Medal

HM3 Michael Harper, CS3 Benjamin Shifflett, HM2 Jesse Yeager, HM1 Lawren Freudenthal, HM1 Stacy Shouse

Navy Marine Corps Commendation Medal

LCDR Diana Lobraico

Not pictured:

Contractor of the Quarter

Mr. Eugene Pankey

Senior Civilian of the Quarter

Ms. Brandi Tierney

Junior Civilian of the Quarter

Ms. Denisha Drake

Officer of the Quarter

LTJG Lisa Cook, Patient Administration



U.S. Navy photo by Hospitalman Matthew Heefner

Naval Hospital Camp Lejeune staff members pose for a photo with the Commanding Officer Capt. David A. Lane (far right) and Command Master Chief Edward Moreno (far left) at an awards ceremony July 26 on the hospital galley patio.

Bravo Zulu, Team!

Construction and Renovation Continues Lobby Opens, Pediatrics Clinic Relocates

By Anna Hancock
Public Affairs Office

Naval Hospital Camp Lejeune's construction and renovation project continues with several relocations and renovations starting early August.

The Naval Hospital lobby area and quarterdeck is expected to open the first week of August. Command leadership will host a ribbon-cutting ceremony to celebrate the opening of the newly renovated and expanded area. Hospital staff, patients and visitors can expect to see a wider, more open and modern space that includes updates to the atrium, quarterdeck desk, stairwell, flooring and decor.

The largest shift in operations may be the relocation of the Pediatrics Clinic. The clinic is scheduled to relocate starting mid-August. It will be housed in four modular units near the front of the hospital compound, with each of the three teams to occupy one unit. The fourth modular unit will be the patient reception area where patients will check-in, then will be given instruction

for where to report for their appointment. Patients can access the new buildings from the back of the current patient parking lot and can use the parking lot shuttle for transportation between their vehicle and the Naval Hospital buildings for follow-up outpatient clinical services.

"While the physical location of the Pediatrics Clinic will change, the excellent patient care we provide will not. There is also no planned major disruption to clinical operations during the relocation process," explained Pat Alford, command executive for growth and development.

Alford continued to explain how the current pediatric area will be renovated starting in early September. The space will be divided to expand the Laboratory and Nuclear Medicine. Then in 2013, construction will begin on a larger, all-inclusive outpatient clinic towards the front of the hospital grounds that will house the Pediatrics Clinic and the functions currently located at the Berkeley Manor Hospital Annex. Leadership anticipates that Pediatrics will remain in the modular units until the construction

SEE CONSTRUCTION UPDATE page 8

Combat Stress

and

is

the

best

way

to

live

Spiritual Wellness

Article written by Tim Smith
Deployment Wellness Clinic

As a component of Naval Hospital Camp Lejeune's Mental Health Directorate, the Deployment Wellness Clinic (DWC) is committed to improving the mental health and well-being of service members who have deployed to overseas combat theatres. Combat deployments can wreak havoc on a service member's personal and family life and it can seriously impair his or her ability to sustain meaningful relationships with command leadership and fellow Marines or Sailors, not to mention relationships with others in the community or back home. The DWC is staffed by psychiatrists, psychiatric nurse practitioners, clinical psychologists, licensed clinical social workers, licensed marriage and family therapists and other highly qualified support and administrative staff with medical experience.

The psychological effects of combat have been talked about, researched and a plethora of information has been made available to the military community and public and much has been learned about what used to be called shell shock or combat fatigue. Since the 1980's the diagnosis of Post Traumatic Stress Disorder (PTSD) has been used most often to describe the symptoms of shell shock or combat fatigue or - combat stress and trauma. Mental health professionals treat the symptoms of PTSD using a variety of treatment approaches such as prolonged exposure therapy, cognitive processing therapy, emotionally-focused therapy, eye movement desensitization and reprocessing (EMDR) and other information processing type therapies.

Post-traumatic stress disorder characterizes the re-experiencing, avoidance, hyper arousal, and emotional numbing symptoms that may persist in response to traumatic events. Because PTSD symptomatology is increasingly being conceptualized as a continuum of normal stress reactions to events of varying severity it is important to understand the precursors to PTSD symptoms in response to a range of highly stressful experiences.

Because exposure to potentially traumatic events is common, the mechanisms through which post-traumatic stress disorder (PTSD) symptoms develop is a critical area of investigation. Among the mechanisms that may predict PTSD symptoms is spiritual struggle, a set of negative religious cognitions related to understanding or responding to stressful events. Although prominent theories emphasize cognitive factors in the development and maintenance of PTSD symptoms, they have not explicitly addressed spiritual struggle. In the recent publication of *Christian Counseling Today*, Major General Kenneth L. Farmer, Jr, US Army, Retired draws attention to the spiritual connection to the total health and well-being of service members returning from combat theatres. In his article, Major General Farmer, a family physician and former head of Walter Reed Army Medical Center, talks about the resilience model developed by the Army which recognizes five dimensions of resilience or wellness - physical, family, social, spiritual and emotional. While all of us may not agree on the definition of "spiritual", there is general agreement that spiritual health is a key component of wellness.

At the Deployment Wellness Clinic we offer a Spiritual Wellness Group to service members who would like to further explore how their combat deployments have impacted their spirituality or spiritual wellness. The group includes a comprehensive spiritual wellness assessment and also covers topics such as accepting the spiritual impact of combat deployments, the power and purpose of forgiveness, developing a purpose for living and other topics that emphasize developing spiritual disciplines to promote healthy lifestyles. Charles (Duke) Quarles, NHCL chaplain and I co-facilitate this group and are both ordained clergy. The group meets on Wednesday mornings from 8:30 to 10:00 a.m. at DWC, building 326, H St.

Providers can call the Deployment Wellness Clinic at 449-9123 to refer a service member or for more information.

The group is open to all faith traditions.

How We Can Help You!

Please call 450-4700 for more information

Ad-Sep Group

Dialectical Behavioral Therapy Group for
Post Traumatic Stress (PTSD) Patients

Warrior Recovery After a Concussion Program

Please call 451-0257 for more information

Substance Abuse and Rehabilitation Program

Please call 449-9123 for more information

Cognitive Processing Therapy Group

Post Traumatic Stress (PTSD) Group

Intro to Wellness Program

Spiritual Wellness Group

Physical Evaluation Board (PEB) Group

Please call 450-5466 for more information

Active Duty Women's Group

Back on Track

Cognitive Behavioral Group

Combat Stress Group

Crochet Group

Expressive Art Therapy Group

Imagery Rehearsal Therapy for Nightmares
(IRT) Group

Imagery Rehearsal Therapy for Nightmares
(IRT) Follow-up Group

Integrative and Restorative Treatments (iRest)

Leisure Interventions & Functional experiences
(LIFE) - Recreational Therapy

Outpatient Crisis Prevention Program (OCPP)

Outpatient Crisis Prevention Program (OCPP)
Follow-up

Open Studio Art Therapy Group

Understanding Grief and Loss group

Yoga

HOSPITAL ROUNDS

CDC Updates

Immunization Recommendations

The Center for Disease Control (CDC) introduced new vaccine recommendations for children, adolescents, and adults. Recommendations include: Students ages 16 and older should receive a second meningococcal conjugate booster - Menectra - to prevent meningococcal disease; the Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis (Tdap) for all people over the age of 10 who are not allergic to pertussis; and, Shingles vaccination Zostervax for people ages 60 or older. Please talk to your Primary Care Manager for more details.

This information is brought to you by Naval Hospital Camp Lejeune's Immunizations Clinic.

Youth Program Tours NHCL



U.S. Navy photo by Hospitalman Matthew Heefner

Children from the Tarawa Terrace Youth Pavilion summer camp pose for a photo with camp counselors, Naval Hospital Camp Lejeune's Commanding Officer Capt. David A. Lane (seated left), Command Master Chief Ed Moreno (seated right), and other NHCL staff members after touring the facility July 25. NHCL staff members taught the students about working in a military treatment facility and health care operations and services.

Did you know? Naval Hospital Camp Lejeune was recently visited by Marine Corps Lt. Gen. Robert Milstead, deputy commandant for Manpower & Reserve Affairs as part of his tour aboard Camp Lejeune to assess access to and quality of care for wounded, ill, and injured Marines? Milstead lauded the Integrated Disability and Evaluation System (IDES) team for reducing the time to complete the process from more than 100 days in 2010 to 34 days in 2012. Milsted noted that NHCL is setting the standard across DoD and the Veterans Affairs Department. Way to go NHCL staff!

Leadership Solves Traffic Woes



U.S. Navy photo by Hospitalman Matthew Heefner

Sailors from NHCL's Security Department are directing traffic out of the hospital compound onto Brewster Blvd on July 24 as part of a new traffic reduction pilot program launched mid-July. Command leadership took action to improve the traffic flow out of the hospital compound and reduce the commute times for hospital staff, patients, and visitors during afternoon rush hours. Wait times to exit the hospital compound were reduced from an average of 60 minutes down to 15. Plans to continue the pilot are indefinite.

Coming Soon to a Patient Near You!

Naval Hospital Camp Lejeune's Patient Safety Department introduces a patient safety initiative to increase awareness, understanding and compliance using two patient identifiers: full name and date of birth. Patients will be asked to complete a two-question survey regarding whether or not the staff member took the proper steps to identify them. Always remember, it takes two - full name and date of birth - to properly identify a patient!



Exercise is Medicine

By Stacy M. Lamb

Health Promotion and Wellness Department

Exercise greatly reduces serious risks to your health. Simply slightly increasing your physical activity can help you prevent many illnesses and improve your health, fitness and well-being. Most Americans know that they should be doing more physical activity. However, many do not know exactly how much to do or how to fit it into their daily lives. Health benefits of physical activity are not related to weight. Physical activity is like medicine, the benefits affect the body and the mind.

A recent study performed by the American College of Sports Medicine found that nearly two-thirds of patients would be more interested in exercising to stay healthy if advised by their doctor and given additional resources. According to the study, patients (25%) look to their doctor first for advice on exercise and physical activity. They turn next to fitness and health websites (24%).

In general, a doctor's clearance is not needed for someone to begin a moderate-intensity physical activity program. However, those with risk factors for chronic diseases such as diabetes should seek medical advice before beginning physical activity.

Any activity is good activity and more is better! The more you exercise the more benefits you'll reap. Benefits can include a reduction in your risk for certain chronic diseases such as heart disease and high blood pressure. For those who are just getting started, progression is the key to maintaining a successful lifestyle change. Increasing the duration or frequency of moderate-intensity activity should be done before increasing the intensity of your exercise.

Adults should be getting at least 150 minutes of moderate-intensity physical activity throughout the week. Strength or resistance

training is important too! Resistance training exercises should be incorporated into a regular physical activity program at least two times a week. Strength training is important for building muscle mass, maintaining bone density, and helping us get through our daily lifestyle activities without a struggle.

Kids should be accumulating at least 60 minutes of physical activity on a daily basis. Muscle and bone strengthening activities should also be integrated into children's daily activities as well. No age is too old to start some type of exercise regimen. Older adults with chronic disease should work with a health care provider to determine limitations and the right kinds of exercise for their bodies. As for pregnant women - they need a regular physical activity program too! Pregnant women should be exercising most days of the week for 30-60 minutes. Healthy for both mother and baby, exercise is recommended during pregnancy and post-partum.

In conclusion, everyone will benefit from a regular physical activity program. Those who want to start a fitness program must first determine their fitness desire. As the American College of Sports Medicine experts explain in an article titled, "The Art of Finding Motivation for Lifelong Fitness" extrinsically, a physician could explain the ability of physical activity to lower blood pressure. Intrinsically, it can come from simply wanting to look and feel better. Determining whether the motivation is extrinsic or intrinsic will help determine what type of physical activity to start with.

The Naval Hospital Camp Lejeune Health Promotion Department offers a Pregnancy Exercise Program that provides women a simple and convenient opportunity to participate in a group fitness atmosphere with other women in similar stages of pregnancy. Call 451-3712 for more information or to register for a class.



Meet the Ombudsman

Hello NHCL Sailors and families! My name is Courtney Duncan, and I am your Ombudsman.

Here is a little information about me. My Navy journey started early as the daughter of a Sailor. My father served 20 proud years and retired. I grew up in Virginia Beach and then met a Sailor of my own, Gunners Mate 1st Class Brian Duncan, Naval Hospital Camp Lejeune Career Counselor. We have two children together.

We then moved off to Jacksonville, FL to Mayport. We went through two

long deployments on sea duty and then got orders to NHCL.

Since being here I have loved being a part of the NHCL family and this outstanding command. I am excited to be your Ombudsman and provide great resources and support for the NHCL Sailors and families. I hope to meet many new faces and serve you as a great Ombudsman.

Courtney Duncan
NHCL Command Ombudsman
nhclombudsman@med.navy.mil

Queen's English

By Regina Edwards
Mental Health Department

One of my favorite movies is "Analyze This" starring Billy Crystal and Robert DeNiro. A psychologist played by Billy Crystal is forced into counseling an anxious mobster (DeNiro). Soon, the FBI has them under surveillance. Confronting the psychologist, an FBI agent flashes his badge "OCD squad" he says. "Obsessive Compulsive Disorder?" Crystal's character asks. "No," the agent replies, "Organized Crime Division." While remembering this scene, military acronyms begin swirling in my mind. There are many, many acronyms and abbreviations in the Marine Corps and the Navy. When I took my current position as a staff therapist at the Naval Hospital Camp Lejeune Mental Health Department, I thought, "No worries, I am the spouse of a former Navy service member. How hard could it be to understand the machinations and lingo of the Marine Corps?" Now looking back, I don't know what I was thinking!

Sitting in my first staff meeting, I began thinking, "What are these people saying... What did I get myself into? I will never learn the entire lingo."

I heard something that went a little like this -

"Marines often have TBI or PTSD injuries from RPGs that hit convoys. Injuries like this can result in PLDs, MedSep, chopping a Marine to another unit such as SOI or within the MEF..."

RPGs, PLD, MedSep, chopped, SOI, MEF? What? Translation?

"Marines often have Traumatic Brain Injury (TBI) or Post Traumatic Stress Disorder (PTSD) injuries from rocket propelled grenades (RPGs) that hit convoys. Injuries like this can result in permanent limited duty (PLD), medical separation (MedSep), moving a Marine (chopping) to another unit such as School of

Infantry (SOI) or within the Marine Expeditionary Force (MEF)..."

Is this the Queen's English?

During counseling sessions, I try to learn the lingo, but I also listen for other important ideas and feelings. Service members frequently state they do not feel comfortable relating their combat experiences to their family members, spouses or their significant others.

Tell me. Tell my co-workers. We will listen with an empathetic ear.

I know many feel that if they speak of their combat stress they will lose emotional control, never regain their composure and avoid it all together. Avoidance is a primary component of Post Traumatic Stress Disorder (PTSD) - avoiding persons, places, things, feelings and conversations that remind the service member of his or her deployments. It perpetuates the symptoms.

I can help, we can all help. I can learn from you - what does "chopping over" really mean - and you can learn from me. From our whole team.

So here I am over year later, do I know the entire lingo? Hardly. But many service members I counsel have taught me a thing or two. I am also grateful for the Military Cultural Awareness trainings by the Center for Deployment Psychology, static displays, and speeches from senior enlisted members.

The teachings I learned as a young social worker many, many moons ago hold true today. Start where the patient is and never underestimate the value of empathy.

Analyze that!

For more information on military culture training, visit <http://deploymentpsych.org/training/training-catalog/military-cultural-competence>

CONSTRUCTION UPDATE from page 3

on the new outpatient clinic is complete in mid 2015.

August also marks the start of the Nuclear Medicine Department renovation towards the end of the month, beginning with ultrasound relocating to the third floor.

"Construction and renovation projects are always subject to change," said Alford. "But the contractor teams working with the hospital have stayed on target, even ahead of schedule, since the project began in 2010."

The multi-million dollar construction addition projects to expand the outpatient clinics, Emergency Department, and MRI are on schedule to be completed the latter part of 2013. Patients will see an expansion in six medical clinics: Family Medicine

Clinic, Dermatology Clinic, Orthopedic Clinic, Physical and Occupational Therapy Clinic, Ophthalmology and Refractive Surgery Clinic, and the Ear, Nose and Throat Clinic. NHCL's Emergency Department where patient capacity will also increase from 10 to 16 beds and provide space for the future renovation that will include an urgent care center.

In June, the Intrepid Fallen Heroes Fund broke ground on a National Intrepid Center of Excellence (NICoE) satellite near the Wounded Warrior Battalion headquarters offices on the hospital compound. The NICoE satellite is one of the premier efforts in researching, diagnosing and treating traumatic brain injury, post-traumatic stress and related injuries sustained by military personnel.

Staff members can find more information on office relocations on the command intranet.